

STATE OF NEW JERSEY
Division of Taxation
MOTOR FUEL TAX
PO Box 189
Trenton, NJ 08695-0189

**USE FOR
RENEWAL
ONLY**

APPLICATION FOR RENEWAL OF WHOLESALE DEALER'S LICENSE

Complete this application to request a renewal of a Wholesale Dealer's License which is needed for each establishment, wherever located, operated by such person out of which wholesale sales in New Jersey are made.

Every Wholesale Dealer's license is subject to payment of a renewal fee of \$450.00 for a three year period which should accompany this application. Make check or money order payable to: STATE OF NEW JERSEY-MFT, on or before April 1.

Make any necessary changes below for 1 - 5

1. FID #

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OR Soc. Sec. # of owner

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2. Name _____
(If INCORPORATED - give Corp. Name; IF NOT - give Last Name, First Name, MI of owner(s))

3. Trade Name _____ 5. Mailing Name and Address - (if different from farm address)

4. Business Location: Name _____

Street _____

City _____ State

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Zip Code

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(Give 9-digit Zip)

City _____ State

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Zip Code

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(Give 9-digit Zip)

Please fill in all information below:

6. Type of ownership (check one):

☐ NJ Corporation ☐ Sole Proprietor ☐ Partnership ☐ Out-of-State Corporation ☐ Limited Partnership

☐ Other - explain _____

7. Telephone Numbers: Contact Person _____ Title _____

Daytime: () _____ - _____ Ext _____ Evening: () _____ - _____ Ext _____

8. Provide the following information for **ALL** owners, partners or responsible corporate officers. (If more space is needed, attach rider).

NAME <small>(Last Name, First, M.I.)</small>	SOCIAL SECURITY NUMBER <small>TITLE</small>	HOME ADDRESS <small>(Street, City, Zip)</small>	% OWNED

9. List below each location, out of which you sell or use "fuel". Under type of plant state whether Service Station (S.S.), Storage Tank (S.T.), Bulk Plant (B.P.). If more than four locations, attach additional sheet giving same information.

Location	Type of Plant	Number of Tanks	Total Capacity of Plant (Gals.)

10. List parent company, wholly owned subsidiaries, and/or any affiliates _____

11. Give name, title and address of agent in New Jersey or registered New Jersey agent on whom service may be made (must be documented by letter from agent). _____

NOTE: Item number 11 must be completed by out-of-state businesses.

12. List the names and addresses of all persons from whom applicant purchased fuels, and list products purchased.

NAME and ADDRESS

PRODUCT

_____	_____
_____	_____
_____	_____

13. Give name, title, address and telephone number of person charged with the duty of filing motor fuels tax reports and location where reports are prepared and records kept. _____

14. Average monthly fuels **sales** during the preceding twelve months _____ gallons.

15. Average monthly fuels **use** during preceding twelve months _____ gallons.

16. Number of diesel vehicles operated _____

17. Name of common carriers utilized to transport fuels _____

18. Provide detailed description of business _____

The undersigned applicant states, (under penalty of perjury), that all the information contained in this application is true and accurate in every particular.

Name of Applicant

Signature of Owner, Partner or Officer

Title

Date

All information must be provided before the application can be processed.

The information submitted will assist this office in the processing of your request.

The Division of Taxation reserves the right to conduct a thorough investigation prior to renewing this license.

Return completed application and \$450 fee to: MOTOR FUEL TAX, PO Box 189, Trenton, NJ 08695-0189

FOR DIVISION USE ONLY

License No. _____ Investigation Initiated _____

Effective Date _____ Investigation Completed _____

Approved _____

Recommendations: _____